

PTO/SB/17 (10-03)

| <b>FEE TRANSMITTAL<br/>for FY 2004</b>   |                        | <i>Complete If Known</i>                                  |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
|--|------------------------|---|--------------------|-----------------------------|--------------|--|--------------|--------------|----------------|----------|--------------------|---------------|---------------|-----------------|--------------------|----------|----------|------------------------|--|----------|----------|-----------------------------------|--|----------|----------|---------------------------------------|--|----------|----------|---|--|----------|---------|---|--|--------------|--|----------|--|--|--|
|  |                        | Application Number  | 09/980,530         |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
|  |                        | Filing Date   | September 21, 2001 |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
|  |                        | First Named Inventor                                      | Keller, Martin     |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                        | Examiner Name   | Crepeau, Jonathan  |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$ 420)   |                        | Art Unit  | 1746               |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
|  |                        | Attorney Docket No.                                       | 015258-053900US    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |                        |   |                    | FEE CALCULATION (continued) |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 20-1430<br><br>Deposit Account Name: Townsend and Townsend and Crew LLP   |                        |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| The Director is authorized to: (check off that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br>to the above-identified deposit account.  |                        |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| <b>FEE CALCULATION</b>   |                        |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="3"></th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 770</td> <td>2001 385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002 340</td> <td>2002 170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003 530</td> <td>2003 265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004 770</td> <td>2004 385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$ 420)</td> <td colspan="3"></td> </tr> </tbody> </table>   |                        |   |                    |                             |              |  | Large Entity | Small Entity |                |          |                    | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid           | 1001 770 | 2001 385 | Utility filing fee     |  | 1002 340 | 2002 170 | Design filing fee                 |  | 1003 530 | 2003 265 | Plant filing fee                      |  | 1004 770 | 2004 385 | Reissue filing fee                                |  | 1005 160 | 2005 80 | Provisional filing fee                                    |  | SUBTOTAL (1) |  | (\$ 420) |  |  |  |
| Large Entity   | Small Entity           |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| Fee Code (\$)  | Fee Code (\$)          | Fee Description   | Fee Paid           |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1001 770   | 2001 385               | Utility filing fee  |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1002 340   | 2002 170               | Design filing fee   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1003 530   | 2003 265               | Plant filing fee  |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1004 770   | 2004 385               | Reissue filing fee  |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1005 160   | 2005 80                | Provisional filing fee                                    |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| SUBTOTAL (1)   |                        | (\$ 420)  |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <th>Independent Claims</th> <th></th> <th>X</th> <th></th> </tr> <tr> <th>Multiple Dependent</th> <th></th> <th>X</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  |                        |   |                    |                             |              |  | Total Claims | Extra Claims | Fee from below | Fee Paid | Independent Claims |               | X             |                 | Multiple Dependent |          | X        |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| Total Claims   | Extra Claims           | Fee from below  | Fee Paid           |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| Independent Claims   |                        | X   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| Multiple Dependent   |                        | X   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
|  |                        |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
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| Large Entity   | Small Entity           |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| Fee Code (\$)  | Fee Code (\$)          | Fee Description   | Fee Paid           |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1202 18  | 2202 9                 | Claims in excess of 20                                    |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1201 66  | 2201 43                | Independent claims in excess of 3                         |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1203 290   | 2203 145               | Multiple dependent claim, if not paid                     |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1204 88  | 2204 43                | " Reissue independent claims over original patent         |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 1205 18  | 2205 9                 | " Reissue claims in excess of 20 and over original patent |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| SUBTOTAL (2)   |                        | (\$ 420)  |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| 09/15/2004 ASIN/LET 00000001 20143 SUBTOTAL (2) (\$ 420)<br>*or number previously paid, if greater; For Reissues, see above<br>01 FC:1252 420.00 DA  |                        |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| Other fee (specify) -----  |                        |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 420)  |                        |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| <i>Complete if applicable</i>  |                        |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| SUBMITTED BY   |                        |   |                    |                             |              |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| Name (Print/Type)  | Kevin T. LeMond        | Registration No. (Attorney/Agent)                         | 35,933             | Telephone                   | 415-576-0200 |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |
| Signature  | <i>Kevin T. LeMond</i> |   |                    | Date                        | 9/7/04       |  |              |              |                |          |                    |               |               |                 |                    |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |   |  |          |         |   |  |              |  |          |  |  |  |

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